

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46809

State File No. ....

BIRTH NO. .... REG. DIST. NO. 312 PRIMARY REG. DIST. NO. 590 Registrar's No. 3134

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Wellston</u>		c. CITY OR TOWN <u>Alton</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>1 yr. 3 mos.</u>		e. STREET ADDRESS (If rural, give location) <u>1023 Phinney</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>Elizabeth "Bessie"</u> c. (Last) <u>Grogh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 - 12 - 57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 25, 1894</u>
9. AGE (In years last birthday) <u>62</u>		10. UNDER 1 YEAR Months <u>11</u> Days	11. UNDER 11 MRS. Hours <u>1</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Realty</u>	11. BIRTHPLACE (City and State or Foreign Country) / <u>Madison, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			

13a. FATHER'S NAME <u>Chesley McKee</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Millen</u>	14. NAME OF HUSBAND OR WIFE <u>Leo Grogh</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>UNKNOWN</u>	16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Grogh, husband</u>	ADDRESS <u>1023 Phinney, Alton, Illinois</u>
---	---	--	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, Bila teral</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Generalized Osteoarthritis</u> <u>Generalized Arteriosclerosis</u> <u>Fractured left femur</u>  DUE TO (c)				Years <u>12</u> days <u>12</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Br. Syndrome Asso. with Pick's Disease with Psychotic Reaction</u>				5 or 6 <u>5</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>9049</u> <u>47</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR <u>333</u>

22. I hereby certify that I attended the deceased from 9-3-, 19 56 12-12, 19 57, that I last saw the deceased alive on 12-12-, 19 57 and that death occurred at 10:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Joseph A. Costello</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>2407 N. Bdwcy St. Louis</u>	23c. DATE SIGNED <u>12/12/57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-16-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Alton</u>	24d. LOCATION (City, town, or county) (State) <u>Alton Illinois</u>
DATE REC'D BY LOCAL REG. <u>12-12-57</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Runkel</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A. Gent</u>	
		ADDRESS <u>Alton Illinois</u>	

(Licensed Embalmer, Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *711-7*

P. O. Address *Altamont*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.